

Evaluation of Military Humanitarian Operations: Time for a New Paradigm



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Overview

- In situations where the boundaries of the “3 D’s” become murky, DoD provides valuable capabilities for humanitarian assistance (HA)
- DoD has an opportunity to do more evaluation of its HA work, and to benefit from some lessons from the civilian humanitarian community
- Specific ‘low-hanging fruit’ are in
 - Determining relative value of projects/programs
 - Engaging all stakeholders in the evaluation effort
 - Measuring long-term impact of HA work

How can we do better?

- An objective, quantifiable **evaluation tool**
- Simple and easy to complete, to **encourage compliance/data gathering**
- Buy-in on measurement factors and assessment data input by **all stakeholders**
- Utilized for **education of leadership**, for **impact assessment**, and for resource and **budget decisions**

Outline of this talk

- History of U.S. military humanitarian operations
- Current state of the art
- Deployment successes
- Effectiveness measurement
- How can we do better?
 - a proposal to consider



Selected history

- Capt. Meriwether Lewis – at President Jefferson's request, took along 'kine-pox' vaccine for Indian tribes, but it did not 'take'
- Armed Forces Aid to Korea: hospitals built; humanitarian surgery - 320,000 cases
- 3rd Marine Div: children's hospital near DMZ, 1968
- MEDCAPs: Cold War era tool in PACOM and EUCOM
- Provide Comfort (Iraq, 1990), Restore Hope (Somalia, 1992), Support Hope (Rwanda, 1994), Restore Democracy (Haiti, 1994)...

The Future of US Security Assistance: ***Helping Others Help Themselves***

- Defense Secretary Gates author of lead article in May 2010 issue of Foreign Affairs
- “Dealing with failing states is the main security challenge of our time.”
- “a more integrated and consolidated approach makes better sense for government as a whole” – better coordination with and guidance from our State Dept colleagues

Secretary Gates' article (cont)

- Five key principles:
 - *Agility and flexibility*
 - Effective **oversight** mechanisms
 - Steady, long-term efforts – *'reliable partner'*
 - Reinforce **State Dept's leading role** in foreign policy (security assistance is a part)
 - Strong doses of *modesty and realism*

Partnerships

- Secretary Gates often speaks of ‘building partnerships’ and ‘building partner capacity’
- ‘Build Partnerships’ = establish relationships – an area where boundaries of 3 D’s are murky
- ‘Build Partner Capacity’ = improved collective capabilities of both allies and other federal agencies – stability operations and medical stability operations

Humanitarian Ops: Definitions

OHDACA- Overseas Humanitarian, Disaster, and Civic Action program, State Dept. oversight

- EP (10 US Code, section 2557) = '***excess property***', non-lethal equipment/supplies, including medical
- HA (section 2561) = '***humanitarian assistance***', a broad range of medical/non-medical activities for relief of suffering/improved living conditions
- HCA (section 401) = '***humanitarian and civic assistance***', training exercises for US and host nation, can provide local humanitarian benefit

Hum Ops Funding

- HCA funded by the services from Operations and Maintenance (O&M) funds, cannot assist host nation military or paramilitary personnel
- Asst Sec Def/Global Security Affairs oversees OHDACA programs (about \$100 M in 2010)
- Defense Security Cooperation Agency (DSCA) oversees Foreign Military Sales program, with which coalition forces purchase DoD medical training (E-IMET, like DIMO in San Antonio)

Theater Security Cooperation Plans

- Deliberate plans for each regional command
- Joint combatant commander's priorities for engagement, access, coalition training
- Consistent with US Ambassador's country plan for priority nations
- Updated annually

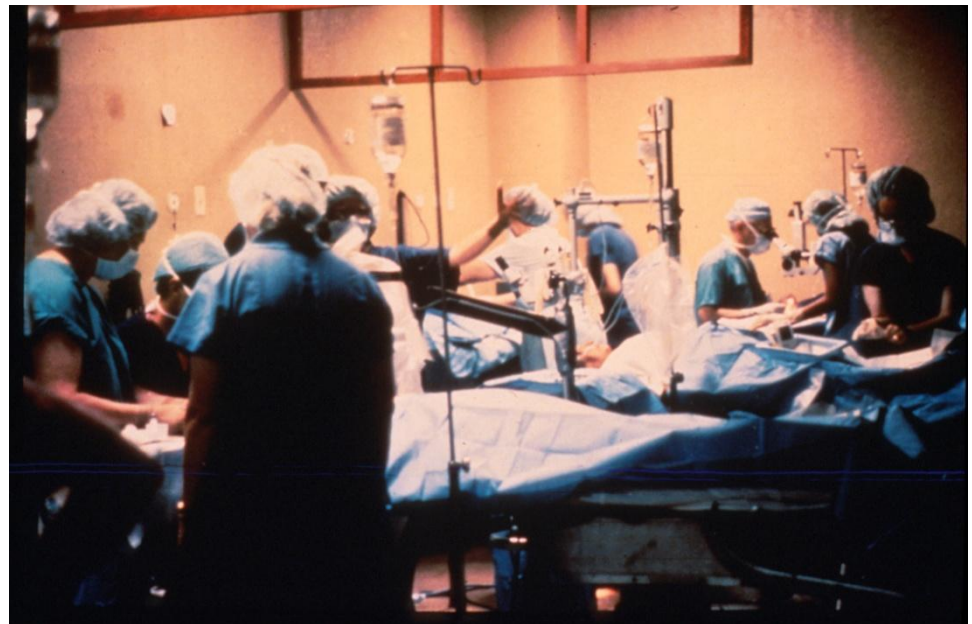


Current State of the Art in DoD

- Centers of Excellence: USU, Southern COM
- Education and cultural skills – DIMO, IHS
 - Military Medical Humanitarian Assistance course - DMRTI
 - Combined Humanitarian Assistance Response Training – COE DM/HA, U. Hawaii/ PACOM
 - Special Operations School – regional courses

What DoD brings to Hum Ops

- An array of useful capabilities and resources
- Large scale, agile logistics
- Construction teams
- Security
- Portable cities
- CMOC
- After action reports



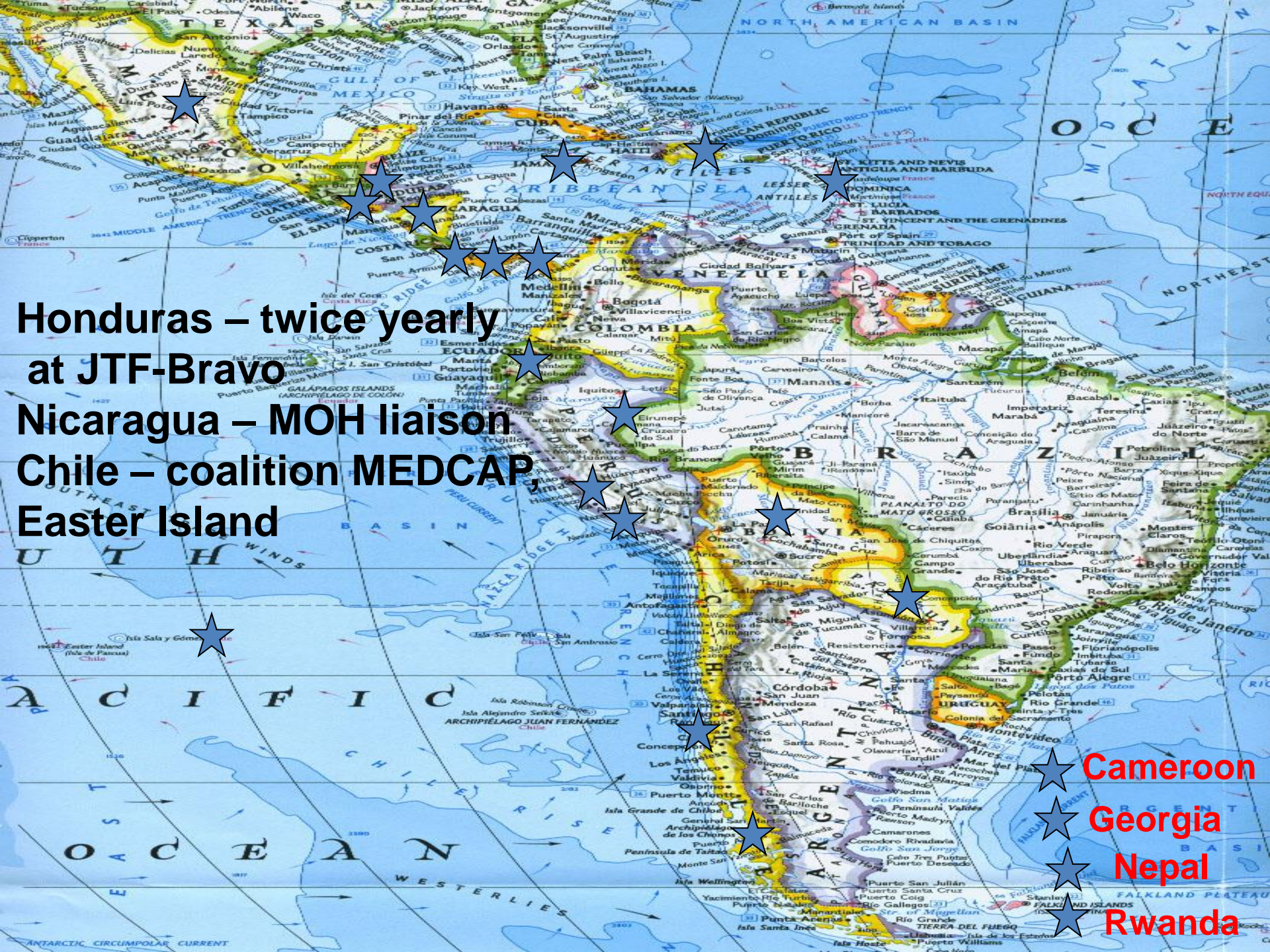
Humanitarian Missions

- Realistic medical readiness training
- Increase “access”, security, and quality emergency medical care for remote forces and our diplomats
- Learn lessons from allied colleagues
- Build coalitions
 - USS Cole story



Sentinel Successes

- USNS Mercy – Jan 05 after Indian Ocean tsunami (19,000 procedures; 10,000 pts). Haiti likely similar positive effect
- “Chinook diplomacy” (Wall Street Journal) – Oct 2005 Pakistan earthquake response, positive publicity of airlift by large helicopter reportedly dwarfed publicity of coalition nations and NGOs
- “State to State” National Guard program
- FY07 program: 556 projects in 99 nations



Honduras – twice yearly
at JTF-Bravo
Nicaragua – MOH liaison
Chile – coalition MEDCAP,
Easter Island

Cameroon
Georgia
Nepal
Rwanda

Results in Host Nation

- Spectacles - often unaffordable (Nicaragua); hand-held refraction device allows accurate dispensing of donated glasses (St. Kitts)
- Strabismus surgery - disease often stigmatizes patient and family, repair can return patient to acceptance by community
- Corneal transplants and repair of war injury can have national press coverage
- Many projects have simultaneous teaching events with local physicians

From “the CINC”



February 26, 1998

Dear Colonel Bauman,

I wanted to take a few minutes to thank you for the impressive and informative After Action Report you provided covering your unit's recent exercise in Honduras. Your report reminded me of the consistently superior performance by a tremendously varied group of people—from all specialties—who make valuable contributions to the SOUTHCOM mission each and every day. Even though much of your report's medical terminology was lost on me, the outstanding dedication, professionalism, and caring of your unit came through loud and clear!

...I appreciate that each of these exercises are difficult and sometimes tedious to prepare and hectic to execute. It is also clear that they serve as much more than war-readiness training. They are vital components of this command's strategy of engagement in the region.

only providing the miracle of vision to individuals in an austere and primitive environment, you are also giving visibility to the many and varied capabilities of the United States and its armed forces.

Again, thanks a million for the aggressive and enthusiastic role which you and your Eye Surgical Team have played in this very successful and fruitful exercise. Please accept and pass along my sincere appreciation to all for their dedication and hard work.

Sincerely,

A handwritten signature in black ink, appearing to read "C. E. Wilhelm".

C. E. WILHELM

General, U. S. Marine Corps

Commander in Chief, U. S. Southern Command

From the US Ambassador

04/23/98

USEMBASSY SAN JOSE CS

AMBASSADOR DODD SENDS FOR MG PAUL K. CARLTON

1.”I WANT TO TAKE THIS OPPORTUNITY TO THANK THE MOBILE OPHTHALMIC SURGERY TEAM (MOST) FOR A WONDERFUL WORK PERFORMED IN COSTA RICA.”

2. “WOULD LIKE TO PERSONALLY COMMEND THE MEN AND WOMEN OF YOUR COMMAND WHO ORGANIZED AND EXECUTED THIS WONDERFUL ENDEAVOUR. ON BEHALF OF ALL OF US AT THE U.S. EMBASSY SAN JOSE, I SALUTE YOU FOR A JOB WELL DONE.”

**THOMAS J. DODD
AMBASSADOR**

Okay, thumbs up from the 4-star,
and the Ambassador liked the
photo-op....."success"?

But are we meeting Mr. Gates'
expectations?

“Yeah, but....” valid concerns

- “Not our job”, diverts resources from real mission
- Continuity of care (? follow-up) forbidden by US Title 10
- Creates unrealistic expectations
- Poor coordination
- Mission creep
- Cultural insensitivity
- Unfamiliar with local diseases
- Not sustainable, disruptive to local health system
- Humanitarian imperative contaminated with political agenda – makes work more dangerous for NGOs



GAO Reports

- Government Accountability Office reports
 - 2 Nov 93: Changes Needed to HCA program
 - “ensure that commands are evaluating the effectiveness of the projects” (no effectiveness standards are suggested in report)
 - “ensure that projects contribute to US foreign policy objectives and have the full support of the host country involved”
 - 19 Apr 94: Weaknesses in HCA Programs
 - “Southern and Pacific commands have not systematically evaluated the success of projects” (no standards suggested)

Effectiveness Measurement

- USU CDHAM series of eight monographs (2002)
 - Action should be ***consistent with the mission***
 - ***Training*** / certification for deploying personnel
 - Create ***local ownership and sustainable benefit***
 - ***Measure intended outcomes***, not just productivity
 - ***Coordination*** and communication are key
 - AARs mandatory, standardized, searchable database

Recent literature

- Beitler AL, et al “Humanitarian Assistance in Afghanistan: A Prospective Evaluation of Clinical Effectiveness” Mil Med 171:889, 2006
 - “the majority of patient encounters did not result in curative treatments”
- DeZee KJ et al “Humanitarian Assistance Medicine: Perceptions of Preparedness: A Survey-Based Needs Assessment of Recent US Army Internal Medicine Residency Graduates” Mil Med 171:885, 2006
 - 50% of deployed respondents provided HA
 - Majority, including USU grads, felt they needed additional training, primarily in tropical medicine

Other recent literature

- Reaves EJ, Schor KW, Burkle FM. Implementation of evidence-based humanitarian programs in military-led missions, (two part article) Disaster Med Public Health Prep 2:230 and 2:237, Dec 2008.
- In spite of guidance, DoD humanitarian assistance operations lack outcome-based measures of effectiveness (present in only 7 of 1000 AARs reviewed)
- The implementation of an impact assessment model could lead to insights and understanding of false economies and genuine values in humanitarian ops

Monitoring and Evaluation

- Licina and Schor, Military Medicine 172:339, Apr 07.
- Adopting successful M&E programs from other countries and NGOs could improve DoD HA programs
- Could be implemented during web-based project nomination and after-action report submission
- However, CINC and ambassador focused on 'access' and 'hearts and minds', less on details
- Leadership behavior sometimes reminds me of 'culture of deference' (from title of book about Congressional oversight of foreign policy)
- Personal efforts in PaCom, SouthCom, and EuCom

Measures of Effectiveness

- ***DoD Instruction 3000.05 (Sept 09): Stability Operations***
“Under Secretary of Defense for Policy shall... advance the development and implementation of measures of effectiveness for stability operations” in coordination with Chairman JCS, Combatant Commanders, and interagency partners
- ***DoD Instruction 6000.16 – Medical Support to Stability Operations***

What are MOE's?

- Indicators – the statistics (“SMART”)
 - Outcomes – the attributable results
 - Impacts – the long-term (6-12 mos) effects
 - Perspectives – stakeholder insights
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- SMART = specific, measurable, achievable, relevant, time-bound

“Metrics” (indicators)

- Ambassador and 4-star are not the only **stakeholders**: hosts, mil group, deployers, home
- Budget compliance and productivity are not the only indicators that should be measured
 - Quality of coordination between players
 - Site survey, personnel mix, team training
 - Supply and gear issues
- Deliberate planning vs. Crisis planning
- Aligning with Secretary Gates’ principles?

Metrics from USAID

- Office of Foreign Disaster Assistance (OFDA)
- “Master List of Standard Indicators”
- > 500 line items, about 15% are ‘health’, a category within ‘investing in people’ objective
- Program areas: family planning, clean water,
- Indicators usually measure a ‘number’ or ‘amount’

Metrics from NGOs/IOs

- Sphere Project (www.sphereproject.org)
 - Effort by IRC and others to set minimum standards for deployment site water, food, health services
 - Current handbook (2004)
- Humanitarian Action Project (HAP)
- World Bank - Disability Adjusted Life Years – the “ROI” or number of quality years added to life by specific intervention

How can we do better?

- Capture the useful metrics with an objective, quantifiable **evaluation tool**
- Simple and easy to complete, to **encourage compliance/data gathering**
- Buy-in on measurement factors and assessment data input by **all stakeholders**
- Utilize this tool for **education of leadership**, for resource and FY **budget decisions**, and for subsequent **impact assessment**

Proposal: HCA Scorecard

- Educating decision-makers about quality
- ‘Scorecard’ - simple, SMART factors
- Content input from all stakeholders
- Collect, analyze the data – continuously
- Use data for real world ‘cut line’ decisions
- Updating the assessment tool based on new priorities, new complexities, new insights

Scorecard Specifics

- “Scorecard”: brief, ‘yes/no/n.a.’ checklist
 - Much like checklists in USAID’s F.O.G.
- Score contents objectively for “quality rank” of deployment and leadership use
- Supplement to service/regional command after-action report
- Optional comments section for lessons learned and open issues
- All stakeholders invited to turn in a scorecard

Draft list of metrics

- Pre-deployment issues:
 - Consistent with guidance: Public Law, TSCP, Ambassador, host nation's goals
 - Comprehensive planning: team size & skills, health risks, culture, military issues
 - Adequate coordination: regional command, mil group, other USG agencies, NGO's
 - Site survey: all stakeholders, actual site seen

More draft metrics

- Deployment
 - On schedule, within budget/planned scope
 - Health and safety
 - Measurable outcomes
 - Supply quantity/quality
 - Gear reliable/accurate
 - Sustainable by host nation



More draft metrics

- Post-deployment: mission success?
 - Measurable improvement in skills and outcomes
 - Deployed personnel assessment
 - Regional mil command HQ
 - Embassy/mil group
 - Host nation/NGO

Outcomes

- Systematic assessment of 'end states'
- Lots of stakeholder input
- Include 'total costs' – unintended consequences
- Should answer questions of value relative to other similar projects or programs
- Should set the stage for subsequent impact measurement in future
- 'Scorecard' can help answer these questions

Impacts

- Are we getting valuable military training?
 - Are we enhancing security cooperation?
 - Are we achieving access and influence (“hearts and minds”)?
-
- Are we building partner capacity?
 - Are we improving the public health?
 - ‘Scorecard’ can be utilized in this context, too

Summary

- In situations where the boundaries of the “3 D’s” become murky, DoD provides wonderful capabilities for humanitarian assistance (HA)
- DoD has an opportunity to do more evaluation of its HA work, and to benefit from some lessons from the civilian humanitarian community
- Specific ‘low-hanging fruit’ are in
 - measuring relative value of projects/programs
 - Engaging all stakeholders in the evaluation effort
 - Measuring long-term impact of HA activities
- Use of a ‘scorecard’ may be a partial solution



comments and questions?

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